FAMILY CARE
Options for Long-Term Care

Quarterly Family Care Activity Report

For the quarter ending December 31, 2002

February 2003

Department of Health and Family Services
Office of Strategic Finance
Center for Delivery Systems Development

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For the 4th quarter, ending December 31, 2002

Family Care is an innovative long-term care program being piloted by nine counties in Wisconsin. The Governor and Legislature authorized this program in order to develop and test a comprehensive and flexible long-term care service system that will:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs;
- Improve access to services;
- Improve quality through a focus on health and social outcomes; and
- Create a cost-effective system for the future.

Family Care was designed to serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Family Care has two major organizational components:

- **Aging and Disability Resource Centers** offer information, assistance, and a limited number of services to the general public with a focus on issues affecting older people, people with disabilities, and their families. These centers provide information, advice and access to a wide variety of services. They also serve as a clearinghouse for information about long-term care for physicians, hospital discharge planners, and other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to individuals' homes.

  Aging and disability resource centers began operating in early 1998. Currently resource centers are operational in nine counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Marathon, Trempealeau, and Jackson. Two resource centers serve Kenosha County—one for individuals with developmental disabilities, and one for elderly individuals and individuals with physical disabilities.

- **Care Management Organizations (CMOs)** manage and deliver a wide variety of covered long-term care services, known as the Family Care benefit, for financially eligible elderly individuals and adults with disabilities. The Family Care benefit combines funding and services from a variety of existing programs into one flexible package of long-term care services, tailored to each individual's needs, circumstances and preferences. CMOs develop and manage a comprehensive set of long-term care services and support, either by providing the service with CMO staff or by purchasing the service from other providers. Each CMO receives a flat monthly payment for each member enrolled in the CMO, who may be living at home, in a group living situation, or in a nursing facility.

Care management organization (CMO) sites began operating in 2000. Currently, five CMOs are operational in five counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, and Richland.

Resource Center Information and Assistance

Individuals who need information and assistance related to long-term care services get in touch with resource centers in several ways. Some individuals are referred to the resource center by facilities that provide residential long-term care, which are required by law to inform the resource centers of individuals who are seeking admission. These referrals are known as pre-admission consultation (PAC) referrals. Individuals also contact the resource centers in response to outreach activities that publicize resource center services among Family Care's target populations.

Table 1 presents the number of PAC referrals received by each resource center during the four most recently completed quarters. **Table 2** presents the source of the PAC referrals by facility type.

Table 1
Pre-Admission Consultation Referrals Received
Most recent four quarters

Resource Center	January - March 2002	April - June 2002	July - September 2002	October - December 2002	Total
Counties without CMOs					
Jackson	69	51	43	51	214
Kenosha Aging & PD	263	287	270	313	1,133
Kenosha DD	1	2	0	0	3
Marathon	137	191	134	228	690
Trempealeau	20	6	22	54	102
Counties with CMOs					
Fond du Lac	147	112	97	134	490
La Crosse	234	202	176	224	836
Milwaukee	1,223	1,157	1,099	1,210	4,689
Portage	109	139	120	105	473
Richland	49	42	51	37	179
Total	**2,252**	**2,189**	**2,012**	**2,356**	**8,809**

Table 2
Source of Pre-Admission Consultation Referrals
Most recent four quarters

Facility Type	January - March 2002	April - June 2002	July - September 2002	October - December 2002	Total
Nursing Home	1,891	1,812	1,733	2,064	**7,500**
Community Based Residential Facilities	213	265	219	202	**899**
Residential Care Apartment Complex	148	111	59	90	**408**
Adult Family Home	0	1	1	0	**2**
Total	**2,252**	**2,189**	**2,012**	**2,356**	**8,809**

Table 3 presents the number of information and assistance contacts for each resource center for the four most recently completed quarters. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

Table 3
Resource Center Contacts for Information and Assistance
Most recent four quarters

Resource Centers	January - March 2002	April - June 2002	July - September 2002	October - December 2002	Total
Counties without CMOs					
Jackson	183	187	147	158	675
Kenosha Aging & PD	1,283	1,576	1,662	1,452	5,973
Kenosha DD	209	247	237	256	949
Marathon	707	794	1,920	1,146	4,567
Trempealeau	337	394	322	346	1,399
Counties with CMOs					
Fond du Lac	925	962	1,064	893	3,844
La Crosse	1,058	1,135	1,106	1,134	4,433
Milwaukee	11,868	10,229	9,183	9,100	40,380
Portage	1,870	723	551	618	3,762
Richland	349	293	279	223	1,144
Total	**18,789**	**16,540**	**16,471**	**15,326**	**67,126**

Table 4 presents information about the types of information and assistance that people requested from the resource centers during the most recent quarter. The number of issues for which people sought help differs from the number of contacts reported in Table 3, because many contacts include requests for information or assistance with several issues. The categories have been defined as:

- **Basic needs and financial related services**: Contacts seeking information or assistance related to issues such as benefits, Medical Assistance, health insurance, money problems, paying for food, shelter (other than residential long-term care), heating or air-conditioning or phone service, evictions, problems paying bills, or paying for medical care or drugs.

- **Disability and long-term care related services**: Contacts seeking information or assistance related to services such as home support, care management, respite, equipment and training, transition planning, independent living skills, and hospice services.

- **Long-term care related living arrangements**: Contacts seeking information or assistance related to consideration of permanent moves or temporary arrangements that are being contemplated because of a health, disability or frailty; home modifications or special living arrangements.

- **Health**: Contacts seeking information or assistance related to issues such as declining health, recuperative care, diseases, conditions, dementia, health, health promotion or medical care, or health equipment loaning.

- **Transportation**: Contacts seeking information or assistance related to arrangements and information on transportation issues and program information.

- **Paying for disability and long-term care related services**: Contacts seeking information or assistance related to paying for long-term care services, including issues such as the ability to afford services and questions related to financial eligibility for a variety of long-term care programs.

- **Nutrition**: Contacts seeking information or assistance related to services such as congregate or home-delivered meals, or nutrition counseling (i.e., diabetic or renal diet issues).

- **Home maintenance**: Contacts seeking information or assistance related to issues such as chores, housecleaning, yard work, general home repairs, and home safety, other than home modifications needed to address a disability.

- **Legal**: Contacts seeking information or assistance related to tax law, power of attorney, guardianship, consumer rights, advocacy, discrimination, or complaints.

- **Life enhancement**: Contacts seeking information or assistance related to recreation, education that is not job related, social programs, or volunteerism.

- **Adult Protective Services (APS)**: Contacts seeking information or assistance related to, or reports of, abuse, neglect, self neglect, domestic violence.

- **Behavioral health**: Contacts seeking information or assistance related to issues such as mental health, substance abuse, concerns and treatments, depression, grief counseling.

- **Employment and training**: Contacts seeking information or assistance related to vocational rehabilitation, work, jobs, or training.

Table 4
Issues Presented by Resource Center Contacts
October through December 2002

Focus of Inquiry	Number of Requests	Percentage
Basic Needs & Financial Related Services	5,750	24.0 %
Disability & LTC Related Services	4,177	17.4 %
Health Services	2,947	12.3 %
LTC Related Living Arrangements	2,894	12.1 %
Transportation Services	1,693	7.1 %
Paying for Disability & LTC Services	1,566	6.5 %
Nutrition Services	1,404	5.9 %
Home Maintenance Services	968	4.0 %
Legal Services	913	3.8 %
Adult Protective Services (APS)	641	2.7 %
Life Enhancement	430	1.8 %
Behavioral Health Services	377	1.6 %
Employment and Training Services	220	0.9 %
Total	**23,980**	**100.0 %**

Table 5 presents information on the outcomes of contacts that were accomplished during the most recently completed quarter. The number of outcomes will not necessarily equal the number of contacts shown on Table 3 or the number of issues raised shown in Table 4, for several reasons. One referral might resolve several issues, or one issue might require more than one referral. In addition, a contact that was initiated near the end of one quarter might not reach an outcome until after the beginning of the next.

Referrals are distinguished from giving people information, in that the resource center refers the caller to other services or resources, or is actively involved in obtaining a service or resource for a caller. The categories of outcomes have been defined as:

- **Information about long-term care services or resources**: Contact involves long-term care related information regarding services, resources, etc.

- **Information about other services or resources**: Contact involves other services, resources and/or other information.

- **Referral to Functional Screen**: This should include all referrals for a Functional Screen, which may include resource center-based long-term care options counseling.

- **Referral to private long-term care services**: This would include formal referrals to non-county agencies on behalf of private pay individuals.

- **Referral to public funding for programs such as Medicare, Medicaid, Food Stamps, Social Security**: Includes referrals made to link people to government benefits, such as to an Economic Support Unit/Worker, Benefit Specialist and Social Security Administration.

- **Referral to Adult Protective Services (APS)**: Any referral to the County APS staff and/or elder abuse workers for elder abuse, financial abuse, self-neglect, placements, etc.

- **Referral to emergency services**: This would include services/actions to be delivered within 24 hours. It would include emergency food delivery, shelter, or emergency respite care or other immediate intervention.

- **Referral to services/resources other than emergency APS or LTC**: This category covers all other referrals.

- **Needs brief or short term services, follow-along or service coordination**: The use of this category will depend on the resource center. If the I&A worker sends all in-house referrals to either a long-term care unit or a distinct "access" unit, he or she may not know whether a contact requires brief services, and he or she would not be in the position of "following" contacts.

- **Noted for follow-up contact**: The I&A worker is providing information only, and making no referrals, *but* keeps a record of the contact in order to follow-up to make sure that the caller is okay, and/or to determine if the information was acted upon.

Table 5
Outcomes of Information & Assistance Contacts
October through December 2002

Outcomes of Contacts	Number	Percentage
Information about Long-Term Care Services	4,107	21.8 %
Information about Other Services or Resources	3,841	20.3 %
Referral to Services or Resources Other than Emergency, APS, LTC	3,788	20.1 %
Referral for Long-Term Care Functional Screen	2,883	15.3 %
Needs Brief or Short-Term Services or Service Coordination	1,543	8.2 %
Referral to Publicly Funded Services*	1,204	6.4 %
Needs follow-up contact from RC	842	4.5 %
Referral to Adult Protective Services (APS)	454	2.4 %
Referral to Private LTC Services	178	0.9 %
Referral to Emergency Services	37	0.2 %
Total	**18,877**	**100.0 %**

* For programs such as Medicare, Medicaid, Food Stamps, Social Security

Long-Term Care Functional Screen

The Long-Term Care Functional Screen is an assessment tool that identifies the long-term care needs of an individual and is used to establish eligibility for certain programs, including the Family Care benefit. Functional screens are provided to individuals for one of three reasons:
- They are not currently Family Care members, but are seeking assessment of their long-term care needs for the purposes of considering their options (initial screens);
- They are CMO members whose functional needs are being reassessed for annual eligibility recertification; or
- They are CMO members who have recently experienced a change in condition, and need to have their needs reassessed.

Only resource centers administer initial screens (except as described in the footnote below); CMOs may administer annual and change-in-condition screens for their members.

Table 6 presents the number of *initial* functional screens completed during the most recent quarter. Not all of these individuals will seek enrollment in Family Care or publicly funded long-term care; in fact, many are not eligible. However, the figures provide an indication of the number of adults, by target group, who are actively exploring their long-term care needs with the help of the nine resource centers. **Figure 1** provides a graphic representation of this information for the most recent four quarters.

Table 6
Initial Long-Term Care Functional Screens Completed, by Target Group
October through December 2002

	Elderly	Developmental Disabilities	Physical Disabilities	Disability - Unspecified	Total
Counties without CMOs					
Jackson	15	12	8	0	**35**
Kenosha Aging & PD	90	0	52	0	**142**
Kenosha DD	0	47	1	1	**49**
Marathon	19	8	1	0	**28**
Trempealeau	48	1	23	0	**72**
Counties with CMOs					
Fond du Lac	52	6	18	1	**77**
La Crosse	83	14	69	2	**168**
Milwaukee	622	4	7	0	**633**
Portage	43	8	15	0	**66**
Richland	12	3	7	1	**23**
Total	**984**	**103**	**201**	**5**	**1,293**

Figure 1
Initial Long-Term Care Functional Screens by Target Group
Most recent four quarters
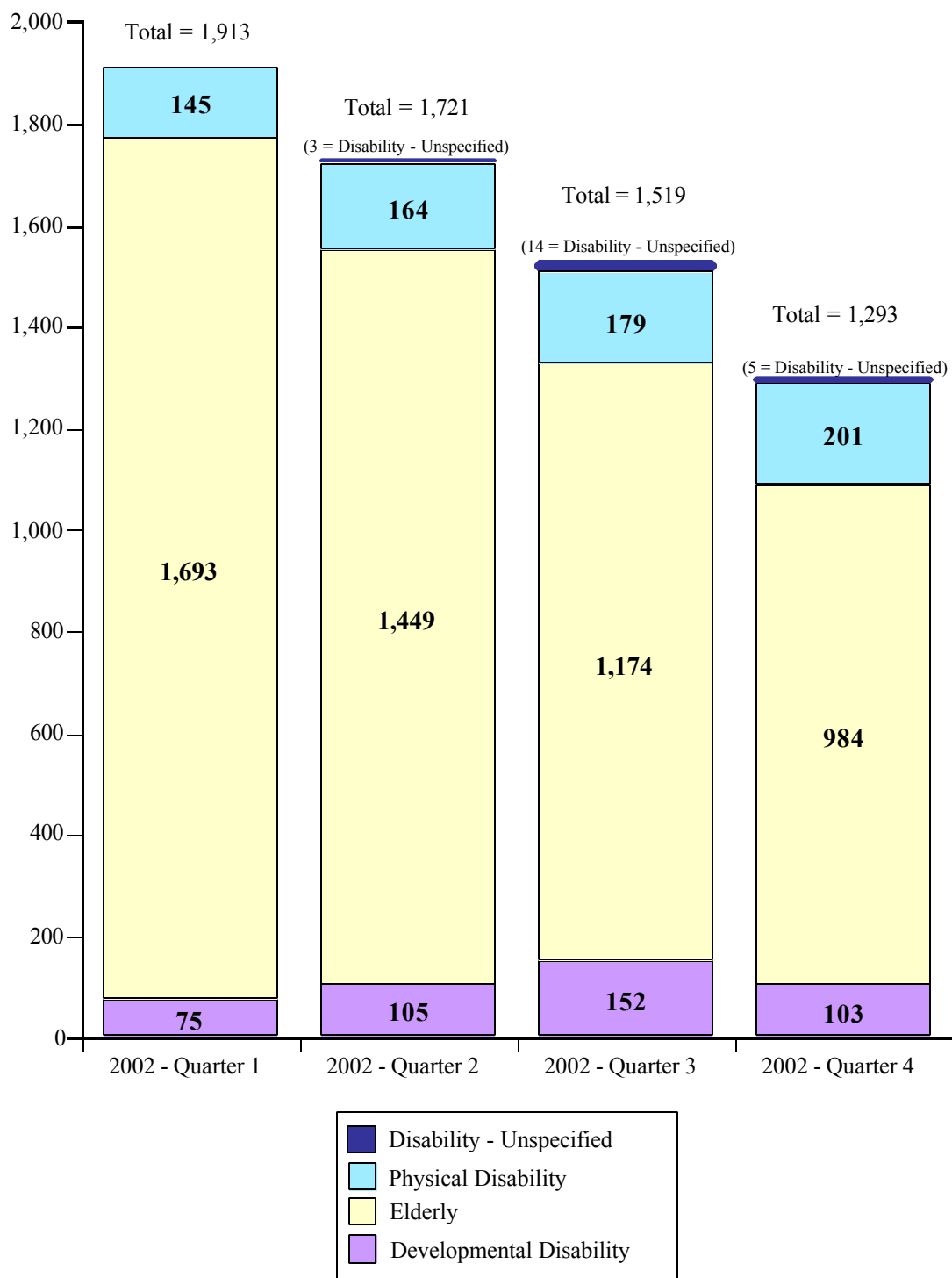
Table 7 presents the total number of long-term care functional screens, of any type, that were completed using the most recent quarter. **Figure 2** provides a graphic representation of this information for the most recent four quarters.

Table 7
Long-Term Care Functional Screens Completed
By Target Group and Type of Screen
October through December 2002

Type of Screen	Elderly	Developmental Disabilities	Physical Disabilities	Disability - Unspecified	Total
Initial	984	103	201	5	**1,293**
Change in Condition	162	13	45	1	**221**
Annual Recertification	857	209	135	0	**1,201**
Total	**2,003**	**325**	**381**	**6**	**2,715**

Figure 2
Long-Term Care Functional Screens Completed By Type of Screen
Most recent four quarters

10
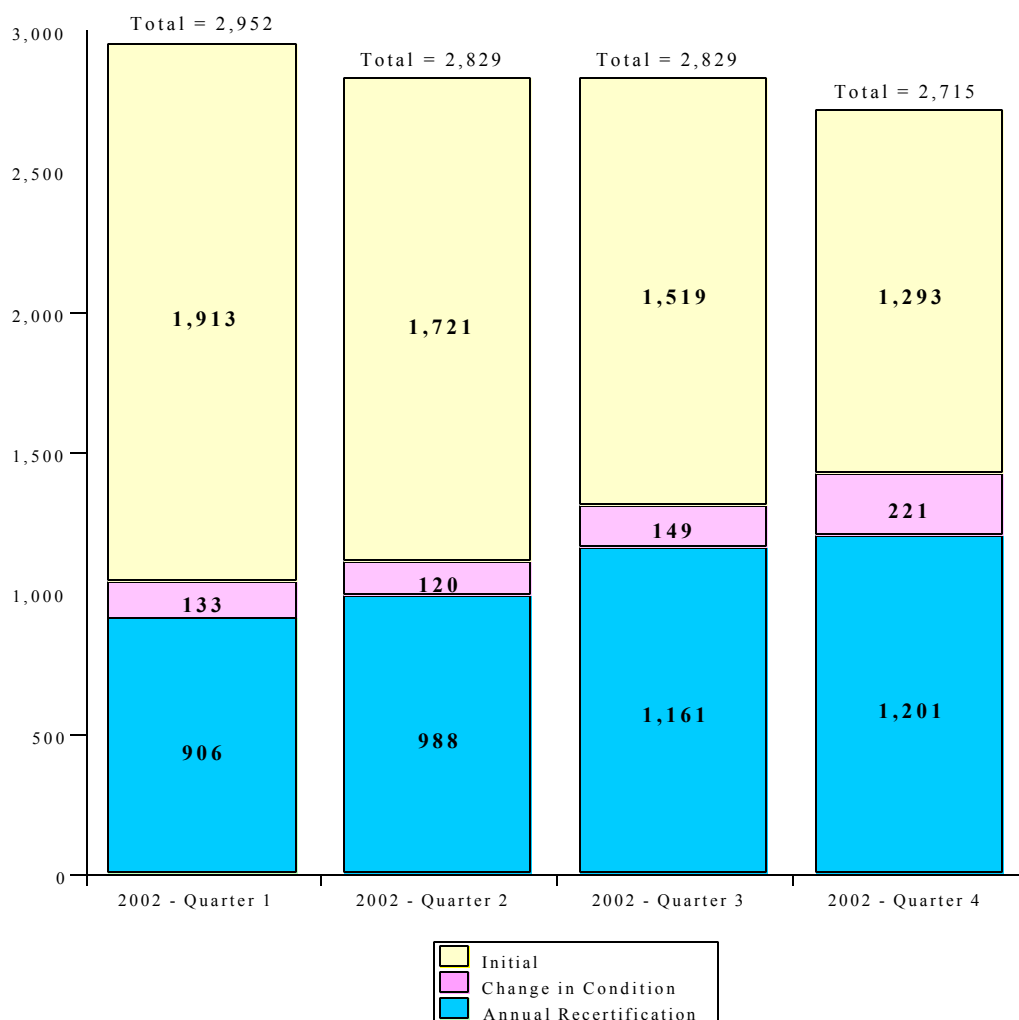
Enrollment in Family Care CMOs

Tables 8, 9, and **10** present enrollment as of December 31, 2002, by target group, level of care and Medicaid status. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of February 10, 2003. Enrollment procedures for additional individuals are underway. Some of the enrollments that are currently in progress will be recorded retroactively (that is, an enrollment may be recorded in February 2003, retroactively effective as of December 2002.) As a result, enrollment figures for the most recent months *do not yet represent the total enrollment* that will be achieved after all in-process enrollments are completed. **Figure 3** shows the CMO enrollment trend for each of the CMO counties over the most recent four quarters.

Table 8
Total CMO Enrollment by Target Group
December 31, 2002

CMO Counties	Elderly	Developmental Disabilities	Physical Disabilities	Target Group Not Recorded*	Total
Fond du Lac	480	297	119	0	**896**
La Crosse	516	386	356	3	**1,261**
Milwaukee	3,841	15	44	12	**3,912**
Portage	313	185	117	0	**615**
Richland	133	89	60	0	**282**
Total	**5,283**	**972**	**696**	**15**	**6,966**

* CMO members whose enrollment records cannot yet be matched with target-group information from
their functional screens, usually because of the timing with which the data from the two sources are loaded into the
central database.

Tables 9 and 10 present Family Care enrollment by level of care and by Medicaid status. Payment is provided to the CMOs on the basis of each member's level of care, either comprehensive or intermediate. A few members are 'grandfathered,' that is, do not meet functional eligibility criteria, but are enrolled on the basis of previous enrollment in related programs. The comprehensive level includes people who are functionally eligible for nursing home care under Medicaid requirements. The intermediate level includes people who need help with only one or a few daily activities and therefore are not eligible for nursing home care, but who are otherwise eligible for Medicaid or are in need of adult protective services. CMOs receive a higher monthly payment for comprehensive enrollees, which includes both federal and state funding, and a lower monthly payment for intermediate enrollees, which is funded entirely by the State. The comprehensive level includes a few people who are not functionally eligible for nursing home care, but who have very high needs for assistance. For these people, DHFS pays the CMO the higher monthly rate, but with no federal match funding unless the person has regular Medicaid.

Table 9
CMO Enrollment by Level of Care
December 31, 2002

CMO Counties	Comprehensive	Intermediate	Grandfathered	Total
Fond du Lac	878	18	0	**896**
La Crosse	1,211	46	4	**1,261**
Milwaukee	3,886	26	0	**3,912**
Portage	580	35	0	**615**
Richland	272	10	0	**282**
Total	**6,827**	**135**	**4**	**6,966**

Table 10
CMO Enrollment by Medicaid Status
December 31, 2002

CMO Counties	MA Eligible	Non-MA Eligible	Total
Fond du Lac	875	21	**896**
La Crosse	1,207	54	**1,261**
Milwaukee	3,815	97	**3,912**
Portage	592	23	**615**
Richland	266	16	**282**
Total	**6,755**	**211**	**6,966**

Figure 3
CMO Enrollment
Enrollment Reached at the End of Each Quarter
Most recent four quarters

Table 11 presents cumulative disenrollments from Family Care CMOs through December 31, 2002, by cause of disenrollment, as recorded as of February 10, 2002. As with enrollments, disenrollments may take several months to process. A small number of members with recent, temporary loss of MA eligibility may ultimately not lose any continuity of CMO services, but this is a small, short-term exception to disenrollments caused by lost eligibility.

Table 11
CMO Disenrollments
Cumulative through December 31, 2002

CMO Counties	Deceased	Lost Eligibility	Voluntary Disenrollment	Total
Fond du Lac	171	12	78	**261**
La Crosse	221	40	73	**334**
Milwaukee	557	96	237	**890**
Portage	135	5	38	**178**
Richland	36	1	11	**48**
Total	**1,120**	**154**	**437**	**1,711**